United Nations E/ICEF/2002/P/L.5/Add.1

Economic and Social Council

Distr.: Limited
10 July 2002

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2002
16-20 September 2002
Item 3 of the provisional agenda*

Country programme recommendation**

Guinea-Bissau***

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Guinea-Bissau for the period 2003 to 2007 in the amount of $5,124,000 from regular resources, subject to the availability of funds, and $18,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed pending receipt of final data.

02-47465 (E) 160702

Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1998-2002	3
	Recommended programme cooperation, 2003-2007	6
List of tables		
1.	Basic statistics on children and women	13
2.	Expenditure under previous cooperation period, 1998-2002	15
3.	Planned yearly expenditures	16
4.	Linkage of programme budget and staffing/staff costs	17

The situation of children and women

1. The situation of children and women in Guinea-Bissau continues to be critical, as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.5). It is estimated that 88 per cent of people live on less than $1 a day. External debt remains a burden, amounting to $973.4 million in 2001, and the Government lacks the required resources to invest in human development. The aftermath of the armed conflicts of 1998-1999, especially looting and destruction of already weak facilities, continue to affect social services, particularly health and education. Nonetheless, the country has completed successful polio immunization campaigns and the progressive reactivation of basic social services is restoring confidence in public services. To improve the social situation and sustain this positive trend, public services will have to be significantly re-established or revitalized and proper management of public finances and good governance sustained. Continued government compliance with the requirements of the International Monetary Fund will facilitate an expected agreement for the reactivation of international cooperation with Guinea-Bissau and the consolidation of peace.

2. The Common Country Assessment (CCA) has been completed and the United Nations Development Assistance Framework (UNDAF) is being finalized. Following the country's initial report to the Committee on the Rights of the Child, submitted in December 2000, the Government has received a list of issues to be addressed prior to the public session in Geneva in May 2002. These include the definition of the child, the age of marriage for girls and of recruitment to the armed forces, birth registration, education, especially of girls, and juvenile justice. In response, the Government has reactivated an interministerial commission responsible for human rights and the application of relevant conventions, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Programme cooperation, 1998-2002

3. The programme of cooperation, which initially focused on survival of children and women, policy development and coordination, basic education and women's empowerment, and advocacy and communication, was hindered by the war which broke out in June 1998. UNICEF initiated an emergency operation and attempted progressively to resume normal programming. During the post-conflict period, the Government, UNICEF and other United Nations agencies developed an integrated response to the issue of children affected by war, which focused on addressing psychological trauma, offering constructive recreational opportunities, providing food and meeting medical needs. Despite great difficulties, the programme made several important contributions to the efforts of the Government and other partners to improve the situation of children and women. Between 1994 and 2000, the infant and under-five mortality rates decreased from 142 and 239 per 1,000 live births to 124 and 203 per 1,000 live births respectively, although they remain very high. The maternal mortality ratio (MMR) is probably underestimated, at 349 per 100,000 live births.

4. UNICEF supported the rehabilitation of 52 health centres in the priority intervention areas (out of a total of 114 in the country), meeting 100 per cent of the

programme's initial objectives. The programme provided essential supplies and medicines, as well as logistical support, and also supported the training of health workers. As a result, utilization of services in the assisted health centres increased in 2001 to pre-conflict levels. The strengthening of four referral hospitals improved responses to emergencies, including obstetrical emergencies. The programme supported strengthening of the Government's strategic plan for the fight against malaria, and the resulting clear articulation of approaches and targets facilitated the mobilization of resources from other United Nations and international agencies, the private sector and non-governmental agencies (NGOs). Youth training and awareness-raising campaigns with journalists and community and traditional leaders addressed transmission of sexually transmitted diseases (STDs), especially HIV/AIDS. HIV testing in key health centres was made possible with the provision of test kits to the national laboratory, the blood bank and ALTERNAG-SIDA, a local NGO. The National Strategic Plan for AIDS was drafted with the support of and through collaboration among United Nations agencies.

5. The Health Initiative for Peace ensured the immunization of children, including in the border zones with the Gambia, Guinea and Senegal. Polio eradication efforts included both routine immunization activities and National Immunization Days (NIDs), which took place twice a year and also provided vitamin A supplementation. Despite difficulties of logistics and access, the NIDs were successful and surpassed the initial coverage targets. Routine immunization remains a challenge, with a coverage rate for three doses of combined diphtheria/tetanus/pertussis vaccine that was still below 50 per cent in 2001. Following an evaluation of the expanded programme on immunization (EPI), a more systematic planning process was introduced. UNICEF and the World Health Organization collaborated in developing the capacities of programme managers in planning, monitoring and evaluating the EPI. Subsequently, a multi-year plan of action was also developed as part of the country's application to the Global Alliance for Vaccines and Immunization (GAVI) early in 2002.

6. The programme also supported the provision of safe water to 36 health centres in priority intervention areas through construction or rehabilitation of bore-holes. In addition, 26 more bore-holes, 16 traditional wells and 386 latrines were constructed and rehabilitated for schools and communities, affecting 57 per cent of the total population of the intervention areas. Impoverished neighbourhoods in the capital city were supplied with 130,000 litres of water daily through nine water tanks provided by UNICEF. In conjunction with the construction of the facilities, families were sensitized on the importance of protecting water sources and maintaining safe hygiene practices.

7. The Convention on the Rights of the Child was widely disseminated, with 1,000 copies in Portuguese distributed throughout the country. Over 150 professionals from various sectors were trained on the provisions of that Convention as well as the Convention on the Elimination of All Forms of Discrimination against Women. Preparation of the country's initial report to the Committee on the Rights of the Child was delayed until 2000 by the conflict. Guinea-Bissau ratified the two Optional Protocols to the Convention on the Rights of the Child in December 2001 and the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction in December 2000. The latter was supported by joint advocacy by the United Nations Development Programme (UNDP), the United Nations Office for Guinea-Bissau and UNICEF,

under the coordination of the newly created Anti-Mine Action Centre. These efforts also saw the organization of several training and sensitization sessions on mines and the definition of mine zones, so that most people are now aware of the required precautions in mine-affected areas. As a result, the number of mine-related accidents dropped from 53 (of which 33 affected children) in 1999-2000 to six (of which 2 affected children) in 2002.

8. With the Government, UNICEF played a leading role in the Multiple Indicator Cluster Survey (MICS) in 2000, mobilizing financial and technical contributions from other United Nations agencies and the World Bank. Specific actions undertaken as follow-up to the MICS included a birth registration campaign to cover the large number of unregistered children (about 58 per cent of children under five years of age). The campaign generated an overwhelming demand for registration services and has surpassed the initial targets for the first four regions covered.

9. In the education sector, UNICEF advocated for government policies to ensure affordable access for all school-age children. The programme supported community self-management in basic education, promoted female literacy and strengthened institutional capacities for quality learning. Within the framework of the education sectoral reform, UNICEF provided technical assistance on multigrade methodologies and training on gender and development. A strategy for girls' education has been adopted as an integral part of the new policy of the Ministry of Education to achieve Education for All and to reduce gender disparities. Community participation in school management and the promotion of an adequate school environment, including the provision of safe water, latrines and classroom materials and equipment, proved to be essential in raising girls' access to and retention in school. This integrated approach contributed to a 6-per-cent increase in primary-school enrolment in programme areas. However, the challenge of girls' and boys' education remains huge because about 60 per cent of primary-school-age children are not attending school. Major efforts and investments are needed to restore and expand access to education for all children.

10. Female literacy is one of the strategies for increasing girls' school attendance. The MICS revealed that child mortality rates were lower among children of educated mothers. The non-formal education strategy of support to 97 literacy centres led to increased enrolment of women in selected intervention areas. UNICEF produced and distributed 14,000 literacy manuals in four national languages (Fula, Madinga, Balanta and Creole). Also, 144 facilitators were trained on how to organize and conduct literacy courses. Women's literacy classes have been successful and there is massive demand for them. The new country programme will support intensified action to meet this demand.

Lessons learned from past cooperation

11. Further to the lessons learned described in the country note, it is important to note that the birth registration campaign has generated increasing demand of families not only for registration of children but also of parents themselves. Despite the state's scarce financial resources, the campaign was exceptionally free of charge, demonstrating success in gaining political commitment. The door-to-door approach used for NIDs has created new and expanded opportunities for contact with families which will be used to promote preventive messages on routine immunization. The

mid-term review of the country programme, held in 2000, stressed the need to give increased attention to youth development, HIV/AIDS, child protection and malaria. The review also underlined that future UNICEF interventions should focus more on strengthening the institutional capacities of the Government, both at central and regional levels.

Recommended programme cooperation, 2003-2007

Regular resources: $5,124,000

Other resources: $18,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Protection and participation	700	4 000	4 700
Health and nutrition	1 120	9 000	10 120
Basic education	824	4 000	4 824
Social policy and communication for development	700	1 000	1 700
Cross-sectoral costs	1 780	-	-
Total	**5 124**	**18 000**	**23 124**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

12. The State Secretary of Planning and Regional Development coordinated the preparation of the proposed country programme. The process began with the development of a life-cycle- and rights-based situation analysis which complements the CCA, followed by a series of consultations with government ministries and state agencies, particularly the Institute of the Woman and Child (*Instituto da Mulher e Criança*), which is the major partner of UNICEF, as well as United Nations agencies, bilateral institutions and NGOs. The participation of adolescents was sought and ensured throughout the process, with young people serving as active members of each task force.

13. The development of individual programme plans of operations benefited from initial training and orientation sessions on the logical framework approach, which strengthened the planning process. The proposed interventions were therefore structured around results instead of sectors. A series of multisectoral working sessions helped to improve the quality of each programme and ensure the coherence of the country programme as a whole. The comments made by members of the Executive Board on the country note have been taken into account.

Country programme goals and objectives

14. The programme seeks to: (a) help build and strengthen institutional frameworks and knowledge for the respect, protection and fulfilment of children's and women's rights; (b) pursue and consolidate current interventions for the rehabilitation of basic social services, progressively paving the way for longer-term social development; and (c) ensure preparedness for and rapid response to emergencies. Its primary objectives are to contribute to reducing infant and under-five mortality rates by at least 15 per cent, and MMR by at least 10 per cent; and to ensuring access to quality education and increasing the school enrolment rate for girls by at least 10 per cent.

Relation to national and international priorities

15. The country programme is based on the key components of the Poverty Reduction Strategy Paper (PRSP), particularly those on the fight against AIDS, health and education, prepared by the Government in the context of the Heavily Indebted Poor Countries initiative. The programme is in line with the CCA and UNDAF, both of which used the MICS as the main baseline for development planning. The harmonization of the programme cycles of UNDP, the United Nations Population Fund (UNFPA) and UNICEF has also been an asset to these processes. (The World Food Programme maintains a two-year programme cycle.) The five organizational priorities of the UNICEF medium-term strategic plan for 2002-2005 were discussed in depth with all partners and have been endorsed by the Government.

Programme strategy

16. As described in the country note, four interrelated programmes will be developed, based on a logical framework: protection and participation; health and nutrition; basic education; and social policy and communication for development. Each programme will incorporate an emergency component. Some interventions will have national coverage, including promotion of children's and women's rights, immunization "plus", HIV/AIDS, the quality of basic education, and communication for development. The three regions of Tombali, Gabu and Cacheu will remain priority intervention areas and also benefit from integrated activities. This two-pronged approach aims to consolidate initial investments and increase programmatic impact through support to decentralized actions, integration and synergy of interventions. Regular resources will be used for such core interventions as revitalization of existing basic social services, both at national level and in priority areas. Other resources will be critical to meeting the full scope of the country programme.

17. **Protection and participation**. The expected outcomes of the programme are: (a) strengthened and more effective institutional capacities to harmonize national legislation with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (b) strengthened systems and structures for child protection; (c) the creation of a "youth-friendly" environment and establishment of appropriate mechanisms for the protection and

development of adolescents; and (d) strengthening of adolescents' capacities and life skills to enable them to participate in their own development.

18. In the area of child protection, interventions will focus on the realization of child rights by supporting the development of a legal framework and mechanisms that assure the protection and participation of children. The programme will focus on community awareness-raising and on dissemination of and training on the two Conventions and all related new legislation among professionals and workers from various sectors. The programme will also help to strengthen the capacity of the interministerial commission responsible for human rights and the application of relevant conventions, to support regular monitoring of the recommendations of the Committee on the Rights of the Child and to prepare annual progress reports that will facilitate preparation of the required periodic reports to the Committee. As requested by the Committee, UNICEF will promote strengthened partnerships between governmental protection structures and NGOs, youth associations, families and communities, as well as strengthened institutional capacities for juvenile justice.

19. The programme will assess the magnitude of such issues as juvenile justice, child trafficking, such harmful practices as female genital mutilation (FGM) and early marriage, sexual exploitation, abuse and prostitution and will develop adequate interventions for special protection in partnership with families and communities. Additional birth registration campaigns will be conducted and the opportunities generated will be used to restructure and strengthen routine birth registration systems, including at the peripheral level. The aim is to register 70 per cent of children before their first birthday and 100 per cent before their fifth birthday. Sensitization and awareness campaigns on landmines and unexploded ordinance will be strengthened so as to reach zero cases of mine accidents by 2004. The Government will receive assistance in destroying all existing stocks by 2004. The Committee Against Harmful Practices will be strengthened to develop and implement its plan of action. In order to better assess and regularly monitor progress on child protection and youth development, appropriate data collection systems will be established.

20. Adolescents and youth will be both beneficiaries and actors in order to strengthen their capacities and enhance their life skills, enabling them to participate in their own development. UNICEF will support the demobilization and social re-integration of about 100 child soldiers through psychological assistance, literacy courses and/or vocational training, as well as the supply of initial basic equipment for the children. The programme will also support the strengthening of structures and networks for juveniles in target areas and of participation of youth in the national development process through stronger partnership among local authorities and community and religious leaders. UNICEF will support the creation of six "youth-friendly" centres in the areas of intervention to offer young people educational and creative activities. Through mass media and interpersonal contacts, children and adolescents will be informed about HIV/AIDS and learn the life skills needed to reduce their vulnerability and avoid risky behaviour. Young people will be key actors in raising awareness of and counselling about HIV/AIDS. Communities will receive training about emergencies and conflict management.

21. **Health and nutrition**. The programme's expected outcomes are: (a) increasing the rate of access to safe water from 49 to 55 per cent in priority areas; (b) eradication of polio and elimination of maternal and neonatal tetanus; (c) access

and quality curative and preventive care for diarrhoeal diseases, acute respiratory infections, malaria and malnutrition and promotion of safe motherhood in priority areas; and (d) reduced vulnerability of newborns and young people to STDs and HIV/AIDS. The programme will contribute to a 25-per-cent reduction of infant and under-five deaths due to malaria, diarrhoea, ARI and malnutrition and to early childhood development.

22. In the area of primary health care and the Bamako Initiative, all health centres in priority intervention areas will be revitalized and the capacities of families and communities developed for co-management and delivery of services, thus improving access and availability. Families will be sensitized about appropriate health, nutrition and hygiene practices, improving their capabilities for proper home case management of common childhood illnesses. The capabilities of health institutions and workers will be strengthened for the management of childhood illnesses, promotion of breastfeeding and addressing micronutrient malnutrition, including through salt iodization. As part of emergency preparedness, specific initial stocks of drugs and basic equipment will be provisioned to ensure first aid.

23. The immunization "plus" interventions aim to increase routine coverage by at least 10 per cent each year for each antigen of the EPI, to strengthen information systems and disease surveillance and improve planning and coordination mechanisms. Sustainability of immunization services will be ensured with adequate vaccine supplies, a functioning cold chain and well-trained health workers. Vitamin A supplementation will be introduced in routine immunization activities. Dialogue with families or caretakers will be promoted and all encounters used as opportunities to reinforce proper early child-care practices. Routine immunization will be strengthened through creating and sustaining demand, especially with the implementation of the integrated communication plan for polio eradication and measles elimination. At the national level, UNICEF will support reactivation of the national immunization coordinating committee as part the requirements for support from GAVI, in addition to updating the immunization plan of action and drawing up appropriate policies and monitoring indicators.

24. Interventions for prevention and control of STDs and HIV/AIDS will involve multisectoral linkages with other programmes, especially child protection, and will complement the efforts of the Government, other United Nations agencies and donors. Continuing collaboration with other stakeholders will be key to obtaining political commitment, mobilizing resources and increasing awareness. Initially, in the regions of convergence, activities for prevention of mother-to-child transmission (PMTCT) of HIV will be integrated with safe motherhood activities, emphasizing prevention of infections in sero-negative women. The programme aims to reduce by 20 per cent the number of newborns affected. Screening and treatment of STDs will be incorporated into PMTCT and safe motherhood interventions and be offered through information and counselling centres that are attractive to youth. Networking with NGOs will be key to the rapid establishment of more centres in priority areas.

25. Water supply and sanitation facilities will be constructed in target communities, schools and health centres in the three regions of convergence. Hygiene and sanitation will be promoted in families and communities through community-based activities and through the school and health service delivery systems. Community-based committees will be trained in the management of water

sources and in monitoring environmental hygiene and hazards to the health and well-being of families.

26. **Basic education**. The programme's expected outcomes are increased enrolment by at least 25 per cent and retention of girls in schools of the regions of convergence, improved quality of primary education and the promotion of alternative educational approaches. It will work within the framework of the Government's Declaration of Education Policy, which emphasizes basic education and focuses on girls' education. It will help to ensure that school-age children, particularly girls, have access to and attend school regularly and benefit from new approaches and methodologies with relevant curricula and unified cycles. Children's and women's rights will be mainstreamed and concepts of education for peace and "girl-friendly" schools will be advocated and pursued. Community initiatives will be promoted to ensure that functional schools are equipped with latrines and water sources. Students will be empowered with life skills, particularly for protection against HIV/AIDS. Schools will be prepared for a rapid response to emergencies. The programme will use a participatory approach involving community participation and school self-management in line with the Project for Development of Community Education (*Projecto Desenvolvimento De Educação Comunitária*) funded by the Netherlands Development Organization (SNV) in the region of Tombali.

27. The programme will promote alternative educational approaches in the priority regions. It will assist in the definition of policies for non-formal education, which will be extended to include early childhood development (ECD) in selected community-based centres (*Djemberens*) which are managed by committees composed of nurses, educators, influential people in the community and families. ECD will be one of the cross-cutting issues to be addressed throughout the programmes and through a multisectoral task force. The concept will be disseminated, all stakeholders will be trained accordingly and basic equipment and support will be provided to reactivate the *Djemberens*. Technical and logistical support to functional female literacy will continue as an approach for increasing girls' school attendance and improving childcare.

28. **Social policy and communication for development**. The programme expects to result in strengthened capacities in the social sectors for planning, monitoring and evaluation; the establishment of national and local emergency response systems; and the development of favourable practices on the part of community decision makers and partners for the improvement of children's lives and the application of their rights, through effective communication for development. Through the integrated monitoring and evaluation plan (IMEP) and the integrated communication plan, the programme will support other individual programmes and contribute to capacity-building through training and developing expertise in the development of social policies for the preparation and execution of the PRSP. UNICEF will advocate political commitment at the highest level for the effective implementation of policies, and promote both behavioural change and partnerships for wide social mobilization. Alliances will be developed with NGOs, journalists, community-based organizations, traditional leaders and stakeholders at all levels.

29. This programme will also be support other programmes through advocacy, social mobilization and media visibility and fund-raising activities. Planning, monitoring and evaluation will be enhanced, including emergency preparedness and adequate response, through the establishment of early warning mechanisms,

preparation of communities in intervention areas in conflict management, training of health, education and protection staff and the provision of initial stocks of specific medicines and basic equipment.

30. Cross-sectoral costs will support human resources and operational costs which are not specifically attributed to individual programmes.

Monitoring and evaluation

31. The programme preparation process gave further opportunities to promote a culture of accountability and results-based management. This will be further pursued through monitoring and evaluation both at central and peripheral levels. The IMEP and logical frameworks for each programme and project will be the principal tools to ensure adequate monitoring and evaluation of the country programme. These indicators will be monitored regularly and used to improve the effectiveness and efficiency of the country programme. Indicators to be monitored include the infant and under-five mortality rates, MMR and girls' school enrolment rates. The five-year IMEP includes a MICS in 2005 and selected key studies and evaluations, including a national nutrition and household survey and studies on the impact of training on service delivery and intervention practices, and on the impact of communication on behavioural change.

32. Annual programme reviews will be preceded by multidisciplinary and joint field visits in the three priority regions. The mid-term review will take place in 2005. Adjustments for the remaining period of the cycle will capitalize on key lessons learned during the first three years. In collaboration with the State Secretary of Planning and Regional Development, ChildInfo will be strengthened and promoted as a tool to assess, analyze and monitor the situation of children.

Collaboration with partners

33. The programme will benefit from the momentum created by the Global Movement for Children and the "Say Yes for Children" campaign. It builds on close links with major initiatives of the World Bank and the African Development Bank, through the National Health Development Plan and the Project of Support to Basic Education. It also benefits from extensive collaboration with other United Nations agencies within the UNDAF based on a joint mapping of interventions. Other partners include Rotary International for NIDs, the French Embassy and the Programme for Demobilization and Re-integration of Former Soldiers (*Programme de Démobilisation, Réintegration des Ex-Combattants*) for child soldiers and a French NGO (*Association Française des Volontaires du Progrès*) for salt iodization. Good working relations with the National Mine Action Coordination Centre, the United Nations Office for Project Services and UNDP on mine awareness will continue. Relationships with the Government, other United Nations agencies, bilateral partners and donors will continue to be strengthened, for instance with UNFPA for FGM, with Population Services International in social mobilization and awareness-raising activities to highlight prevention and control of HIV/AIDS, and SNV in education. Alliances will be established and strengthened with traditional authorities, communities, NGOs and civil society organizations. Stronger partnerships with youth and children will be pursued in the context of the Global

Movement for Children. A fund-raising strategy will be developed to support the country programme.

Programme management

34. The State Secretary of Planning and Regional Development is responsible for the overall programme coordination, and will establish and maintain coordination mechanisms among the various programmes. It will also ensure adequate coordination with other donors to promote integration and achieve maximum impact. The regional planning body led by the governors will facilitate programme implementation and convergence in the three priority regions. The State Secretary will coordinate joint annual reviews and preparation of annual projects plans of action with government ministries and other partners. Multisectoral teams periodically will visit project sites with a particular emphasis on the priority areas benefiting of integrated services.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Guinea-Bissau	(2000 and earlier years)		UNICEF country classification
Under-five mortality rate	215	(2000)	Very High U5MR
Infant mortality rate	132	(2000)	Very High IMR
GNI per capita	$ 180	(2000)	Low GNI
Total population	1.2 Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	26	34	43	54
Infant deaths (under 1)	(thousands)	..	6	7	7
(per 1,000 live births)					
Under-five deaths	(thousands)	..	10	11	12
Under-five mortality rate		..	290	253	215
(per 1,000 live births)					
Infant mortality rate (under 1)		..	173	153	132
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	..	23
(% weight for age, 2000)	Severe	..	5
Babies with low birth weight		..	20
(%, 2000)			
Primary school children reaching		20	..
grade 5 (%, 1987)			

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 2000)	..	42
Timely complementary feeding rate (6-9 mos.) (%, 2000)	..	36
Continued breast-feeding rate (20-23 mos.) (%, 2000)	..	67
Prevalence of wasting (0-59 mos.) (%, 2000)	..	10
Prevalence of stunting (0-59 mos.) (%, 2000)	..	28
Vitamin A supplementation coverage (%, 1999)	..	77
Household consuming iodized salt (%, 1994/2000)	0.2	2

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	13
Routine EPI vaccines financed by government (%, 1999)		..	0
Use of improved drinking water sources	Total	..	56
(% of population, 2000)	Urban/rural	../..	79/49
Use of improved sanitation facilities	Total	44	56
(% of population, 1990/2000)	Urban/rural	87/33	95/44
Births attended by skilled personnel		25	35
(%, 1990-95/2000)			
Maternal mortality rate		..	910
(per 100,000 live births, 1989-90)			
Antenatal care coverage		..	62
(%, 2000)			
Adult HIV prevalence rate		..	2.5
(%, 1999)			

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	..	56	90	92	74
	DPT	..	18	61	45	38
	Polio	..	18	60	45	42
	Measles	..	35	53	45	70
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

TABLE 1 (continued)

Guinea-Bissau

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 2000)	Total	../..	../42 b/
	Male	../..	../46 b/
	Female	../..	../39 b/
Secondary enrolment ratio (gross/net) (%)	Total	../..	../..
	Male	../..	../..
	Female	../..	../..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	27	37
	Male/Female	42/12	53/21
Radio/television sets (per 1,000 population, 1990/1997)		39/..	43/..

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	583	763	946	1199	1531
Population aged 0-18 years	(thousands)	270	361	458	596	773
Population aged 0-5 years	(thousands)	95	127	162	210	266
Urban population (% of total)		15.1	16.9	20.0	23.7	28.7
Life expectancy at birth (years)	Total	36	38	42	45	48
	Male	35	37	41	43	47
	Female	38	40	44	46	50
Total fertility rate		6.0	6.0	6.0	6.0	5.5
Crude birth rate (per 1,000 population)		45	44	45	45	42
Crude death rate (per 1,000 population)		28	25	22	20	17

		About 1990	Most recent
Contraceptive prevalence rate (%, 1976)		1	..
Population annual growth rate (%, 1970-90/1990-2000)	Total	2.4	2.4
	Urban	3.8	4.1

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate (%, 1960-90/1990-2000)		-0.5	-2.0
Inflation rate (%, 1985-92/1990-2000)		71	34
Population below $1 a day (%)		..	..
Household income share (%, 1991)	Top 20%/bottom 40%	../..	59/9
Government expenditure (% of total expenditure, 1987)	Health/education	5/5	1/3
	Defense	4	4
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1999)	$US millions	132	52
	As % of GNI	6	27
Debt service (% of goods and services exports (1990/1999)		21	15

b/Survey data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998 - 2002 a/

COUNTRY:GUINEA-BISSAU
LATEST BOARD APPROVAL: 1997
REGULAR RESOURCES: $ 4,650,000 (In thousands of United States dollars)

Programme Sectors/Areas	TOTAL					
	Regular resources b/		Other resources		Total (RR & OR)	
	Actual	Planned	Actual	Planned	Actual	Planned
Policy development and coordination	561	834	60	910	621	1,744
Advocacy and communication	274	626	-	700	274	1,326
Survival of children and women	1,548	1,718	2,371	3,990	3,919	5,708
Basic education and empowerment of women	488	993	483	1,400	971	2,393
Cross-sectoral costs	997	479	-	-	997	479
GRAND TOTAL	**3,868**	**4,650**	**2,914**	**7,000**	**6,782**	**11,650**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.
b/ = Actual RR expenditure includes allocations from global set-aside.

E/ICEF/2002/P/L.5/Add.1

TABLE 5

PLANNED YEARLY EXPENDITURES

COUNTRY: GUINEA BISSAU
PROGRAMME CYCLE : 2003-2007

	FUND	2003	2004	2005	2006	2007	TOTAL
PROTECTION AND PARTICIPATION	RR	140,000	140,000	140,000	140,000	140,000	700,000
	OR	800,000	800,000	800,000	800,000	800,000	4,000,000
	TOTAL	940,000	940,000	940,000	940,000	940,000	4,700,000
HEALTH AND NUTRITION	RR	224,000	224,000	224,000	224,000	224,000	1,120,000
	OR	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000	9,000,000
	TOTAL	2,024,000	2,024,000	2,024,000	2,024,000	2,024,000	10,120,000
BASIC EDUCATION	RR	164,000	165,000	165,000	165,000	165,000	824,000
	OR	800,000	800,000	800,000	800,000	800,000	4,000,000
	TOTAL	964,000	965,000	965,000	965,000	965,000	4,824,000
SOC. POL. & COMMUNICATION DEV.	RR	140,000	140,000	140,000	140,000	140,000	700,000
	OR	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	340,000	340,000	340,000	340,000	340,000	1,700,000
CROSS-SECTORAL COSTS	RR	356,000	356,000	356,000	356,000	356,000	1,780,000
	OR						
	TOTAL	356,000	356,000	356,000	356,000	356,000	1,780,000
TOTAL, PROGRAMME BUDGET	RR	1,024,000	1,025,000	1,025,000	1,025,000	1,025,000	5,124,000
	OR	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000	18,000,000
	TOTAL	4,624,000	4,625,000	4,625,000	4,625,000	4,625,000	23,124,000
STAFF COSTS a/		743,614	774,048	801,289	827,951	856,416	4,003,318
GENERAL OPERATING COSTS		201,920	196,900	147,400	195,400	202,400	944,020
TOTAL, ESTIMATE SUPPORT BUDGET		945,534	970,948	948,689	1,023,351	1,058,816	4,947,338
GRAND TOTAL		5,569,534	5,595,948	5,573,689	5,648,351	5,683,816	28,071,338

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : GUINEA BISSAU

PROGRAMME 2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
PROTECTION AND PARTICIPATION	700,000		700,000	0	0	0	0	0	0	0	2	0	2	0	320,625	320,625
HEALTH AND NUTRITION	1,120,000		1,120,000	0	0	0	0	0	0	0	1	0	1	0	165,420	165,420
BASIC EDUCATION	824,000		824,000	0	0	0	0	0	0	0	1	0	1	0	165,420	165,420
SOC. POL. & COMMUNICATION DEV.	700,000		700,000	0	0	0	0	0	0	0	2	1	3	0	388,785	388,785
CROSS-SECTORAL COSTS	1,780,000		1,780,000	0	0	0	0	0	2	2	0	5	7	1,092,595	425,230	1,517,825
TOTAL RR	5,124,000		5,124,000	0	0	0	0	0	2	2	6	6	14	1,092,595	1,465,480	2,558,075
OTHER RESOURCES :																
PROTECTION AND PARTICIPATION		4,000,000	4,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH AND NUTRITION		9,000,000	9,000,000	0	0	0	1	1	0	2	1	1	4	1,800,496	270,632	2,071,128
BASIC EDUCATION		4,000,000	4,000,000	0	0	0	0	0	0	0	1	1	2	0	242,831	242,831
SOC. POL. & COMMUNICATION DEV.		1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		18,000,000	18,000,000	0	0	0	1	1	0	2	2	2	6	1,800,496	513,463	2,313,959
TOTAL RR & OR	5,124,000	18,000,000	23,124,000	0	0	0	1	1	2	4	8	8	20	2,893,091	1,978,943	4,872,034
SUPPORT BUDGET	Operating costs		944,020													
	Staffing			0	0	1	1	1	0	3	1	7	11	2,937,705	1,065,613	4,003,318
GRAND TOTAL (RR + OR + SB)				0	0	1	2	2	2	7	9	15	31	5,830,796	3,044,556	8,875,352
Number of posts and staff costs:																
Current programme cycle										5	8	16	29			
At the end of proposed programme cycle (indicative only)										7	9	15	31	5,830,796	3,044,556	8,875,352

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

E/ICEF/2003/P/L.5/Add.1